

Communicable Diseases and Epidemiology

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Dear Nursing and Medical Directors:

Annual seasonal influenza outbreaks in long term care facilities (LTCF) cause high rates of infection, complications, hospitalizations, and death among LTCF residents. Public Health - Seattle & King County is providing the following information to help you prevent influenza infection among your residents and staff this flu season. Please review the information below on recommended influenza prevention and control measures in long term care facilities (LTCFs). As a reminder, health care facilities in Washington are required by law to report outbreaks and suspected outbreaks of disease to Public Health (WAC 246-100-076). The fundamental components of an effective influenza prevention and control policy in LTCFs are:

- **Yearly influenza vaccination of residents:** The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. In addition, the Centers for Medicare and Medicaid Services require nursing homes participating in their programs to offer all residents **influenza and pneumococcal** vaccines. Continue to vaccinate newly admitted residents throughout the flu season. High vaccination rates in residents can decrease the likelihood of an outbreak, and should an outbreak occur, vaccination can decrease hospitalizations and deaths among residents. The use of standing orders programs may help ensure the administration of recommended vaccinations for adults.
- **Yearly vaccination of all health care workers and personnel (both medical and non-medical) who have contact with patients:** The CDC recommends annual influenza vaccination for both health care workers (HCW) and other employees of residences for persons at high risk for complications of influenza. Vaccination of staff not only limits disruption due to excessive sick leave during an outbreak, but also minimizes the risk of exposing high-risk residents to influenza. Offering vaccine on site, paying for vaccine, and providing special in-services for staff may all help increase employee vaccination rates.
- **Restrict staff with influenza-like illness from working, and discourage visitors with influenza-like illness from visiting:** Persons with respiratory symptoms should be informed of appropriate precautions to prevent spread of respiratory infections to residents, including frequent hand washing and wearing facemasks when appropriate to prevent droplet transmission. Staff with symptoms of influenza or respiratory tract infection should be restricted from working, and should remain home until they are fever-free for 24 hours without the use of fever-reducing medications. Staff should also be instructed not to work at other facilities during this time.
- **Recognize influenza cases in your facility early:** The clinical picture of influenza may vary with age and immune status, making recognition of the disease difficult in the elderly. We encourage you to educate your staff about the subtle ways in which influenza may present in elderly persons (such as anorexia, mental status changes, fever, worsening of chronic respiratory status or congestive heart failure) to facilitate prompt testing (See below).

- **Have a low threshold for testing for influenza infection using antigen tests AND influenza cultures (or PCR tests) in ill persons, but DO NOT rely on antigen tests alone for the diagnosis of influenza:** Rapid antigen tests are not highly sensitive for seasonal influenza, especially early in the season. Therefore, a positive test is helpful but a negative test does not rule out infection. Public Health provides viral culture kits and laboratory testing at no cost to you. In most instances you can obtain viral culture kits the same day by calling Public Health at 206-296-4774.
- **Report to Public Health promptly when either: 1) influenza is diagnosed in at least one resident, OR 2) more than one resident in the facility or an area of the facility (e.g. separate unit) develops acute febrile illness during a 1-week period.** When an outbreak of influenza is suspected, Public Health can assist you in confirming the diagnosis and responding to the outbreak.
Report suspected or confirmed influenza outbreaks within 24 hours by calling 206-296-4774. In addition to calling, please fax the enclosed influenza surveillance report form to 206-296-4803.
- **Prompt implementation of infection control measures and administration of antiviral medication for treatment or prophylaxis of influenza infection during outbreaks:** Antiviral medications must be administered quickly to ill persons to provide optimal clinical benefit (treatment) and to uninfected persons to effectively stop an outbreak (chemoprophylaxis). For outbreak control purposes, **consider having orders for antiviral treatment and chemoprophylaxis prepared in advance.** Do not rely on rapid influenza tests to guide treatment or prophylaxis during an outbreak, because those tests can sometimes be falsely negative. For more information on use of antiviral medications in institutional settings, see link under Resources section below.
- **Pneumococcal infections** also cause high morbidity and mortality in elderly persons. Pneumococcal vaccine should be offered to all residents of LTCFs unless contraindicated; do not withhold vaccination in the absence of documentation of previous vaccination. All persons should be vaccinated with PPSV23 at age 65 years. Those who received PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years or later if at least 5 years have passed since their previous dose. Those who receive PPSV23 at or after age 65 years should receive only a single dose. A one-time revaccination 5 years after the first dose is recommended for children and adults younger than age 65 years at highest risk for serious pneumococcal infection or who are likely to have a rapid decline in antibody levels (see resources on pneumococcal vaccine, below).

If you have questions about influenza prevention, need assistance evaluating or responding to an outbreak, or have suggestions on other ways we can assist you, please contact us. A copy of this letter and related information can be found at

<http://www.kingcounty.gov/healthservices/health/communicable/immunization/fluseason/providers.aspx>

Thank you for your work to protect the health of your residents and staff.

Sincerely,



Jeffrey S. Duchin, MD
Chief, Communicable Disease Epidemiology & Immunization Section

Influenza and Pneumococcal Disease Prevention Resources for Long Term Care Facilities

- Bradley SF, et al. SHEA Position Paper: Prevention of Influenza in Long-Term Care Facilities. Infection Control and Hospital Epidemiology 1999; 20(9):629-637. Available at: <http://www.jstor.org/stable/10.1086/501687>.
- CDC. Prevention Strategies for Seasonal Influenza in Healthcare Settings. Available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.
- CDC. Using Antiviral Medications to Control Influenza Outbreaks in Institutions. Available at: <http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm>.
- Additional information from the CDC on prevention and control of influenza can be found at: <http://www.cdc.gov/flu/professionals/>
- CDC recommendations for use of pneumococcal vaccine in adults <http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm#clinical>